## PART B - FEE(S) TRANSMITTAL

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Commissioner for Patents
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maintenance fee notifications.  CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying			
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72960	7590 04/17	7/2008					
Casimir Jones, 440 Science Dri Suite 203	ve		I he Stat addi tran	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
Madison, WI 53	711		<u>.</u>			(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		DRNEY DOCKET NO.	CONFIRMATION NO.	
10/719,168 11/21/2003		***************************************	Gary A. Dahl		EPICEN-09582	2342	
			R STRAND DISPLACEME		·		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATÉ DUE	
nonprovisional	YES	\$720	\$300	\$0	\$1020	07/17/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
CHUNDURU, SURYAPRABHA		1637	435-006000				
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
	ess an assignee is ident in 37 CFR 3.11. Comp		THE PATENT (print or typ data will appear on the pa T a substitute for filing an a (B) RESIDENCE: (CITY	atent. If an assignee is in		ocument has been filed for	
Epicentre Te	chnologies		Madison, W	son, Wisconsin			
Please check the appropri	ate assignee category or	categories (will not be pr	rinted on the patent):	Individual 🛮 Corporati	ion or other private gro	up entity Government	
4a. The following fee(s) are submitted:  ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies  5. Change in Entity Status (from status indicated above)			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 504302 (enclose an extra copy of this form).				
a. Applicant claims	SMALL ENTITY statu	s. See 37 CFR 1.27.	b. Applicant is no long				
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Authorized Signature /Jason R. Bond/			Date July 16, 2008				
Typed or printed name			Registration No. 45,439				
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